



041204

16076 U.S. PTO

Practitioner's Docket No. 1139-022

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

22581 U.S. PTO  
10/822518

041204

## NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Syed R. Iqbal; Corina S. Alionte; Goran Bajic; Shaun C. Howick; Zoran Panic;  
Valerija Drobnjakovic; Marinko Lazanja; Simone Köhler; Peter Nägele; Stefan  
Stoewe; Boris Zlotin; Piter Ulan; Vladimir Gerasimov; Vladimir Proseanik; Alla  
Zusman; Kirill Sklobovskiy

For (title): A VENTILATED SEAT

## 1. Type of Application

This application is for an original (nonprovisional).

## 2. Papers Enclosed

- A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153  
(Design) Application

19 Page(s) of Specification

4 Page(s) of Claims

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EXPRESS MAILING UNDER 37 C.F.R. § 1.10\**(Express Mail label number is mandatory.)**(Express Mail certification is optional)*

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date  
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56,439, at 56,442.

5 Sheet(s) of Drawing(s)--Formal (Figs. 1-8)

**B. Other Papers Enclosed**

5 Page(s) of declaration and power of attorney - unexecuted  
1 Page(s) of abstract  
10 Page(s) of Application Data Sheet (ADS)

**3. Declaration or Oath**

Enclosed and unexecuted.

**4. Language**

English

**5. Fee Calculation (37 C.F.R. § 1.16)**

Regular Application										
CLAIMS AS FILED										
Number Filed				Number Extra			Rate		Basic Fee 37 C.F.R. § 1.16(a) \$770.00	
Total										
Claims (37 C.F.R § 1.16(c))		51	–	20	=	31	x	\$	18.00	= \$ 558.00
Independent										
Claims (37 C.F.R § 1.16(b))		4	–	3	=	1	x	\$	86.00	= \$ 86.00
Multiple Dependent										
Claim(s), if any (37 C.F.R § 1.16(d))								\$	280.00	\$ 0.00

Filing Fee Calculation

\$1414.00

**6. Fee Payment Being Made at This Time**

Enclosed

Filing Fee

\$1414.00

**Total Fees Enclosed**

**\$1414.00**

**7. Method of Payment of Fees**

Attached is a check in the amount of \$1414.00.

Charge any additional fees required by this paper or credit any overpayment to deposit account no. 50-1097.

**8. Instructions as to Overpayment**

Refund.

Date: \_\_\_\_\_

4/12/04



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